

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

09688557

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15	/		/				65						
16							66						
17	/		/				67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25	/		/				75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33	/		/				83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41	/		/				91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6		6				TOTAL IND.						
TOTAL DEP.	43		42				TOTAL DEP.						
TOTAL CLAIMS	49		48				TOTAL CLAIMS						